

POWER OF ATTORNEY OVER A MINOR CHILD

YOU WANT TO GIVE OR RECEIVE AUTHORITY OVER A MINOR
CHILD, AND BOTH PARTIES AGREE

FORMS AND INSTRUCTIONS

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

A power of attorney over a child is a document signed and notarized by a parent giving a non-parent authority to make decisions for a minor child. It is not a court order. It is accepted by many, but not all, people or organizations as authority over the child. It is typically used by a parent who is unavailable for a period of time and wants to grant authority to another person over their child. It can be used to authorize the person to obtain medical treatment for a child or sign up a child for an activity or for other significant decisions. You can also limit the purpose to something very specific (for example, to take a child on vacation, to authorize specific medical treatment, etc.).

A power of attorney over a child is not accepted by the Flagstaff Unified School District for enrolling a child in school. The Flagstaff Unified School District requires a court order signed by a judge granting authority for a non-parent to enroll a child in school. This order will typically be a guardianship of a minor child. See the packet called *Filing for Guardianship of a Minor* in the Self-Help Center.

A power of attorney over a minor child is effective for a maximum of six months. You can limit this time period to as little as you want, but you cannot extend it beyond six months. If you need another power of attorney after six months, simply sign a new power of attorney. A better idea, however, may be to obtain a guardianship agreed to by all parties.

A parent who does not agree with this power of attorney has more authority over the child than the person with the power of attorney.

In paragraph 3, the parent must indicate *what* powers he or she is giving over the minor child. The first box is for a general power of attorney granting all powers a parent would ordinarily have over the child. If the parent wants to limit the powers to certain areas, they should check the second box and describe the specific powers granted.

The parent must sign the completed power of attorney in front of a notary public and another witness. The witness must also sign. Notarize two copies of the power of attorney; one is for the person with the power and the other for the parent granting the power. Make several copies of the power of attorney since you will probably have to give a copy to each person or organization that you need to deal with on behalf of the child. Show them the original, and give them the copy. Keep the original in a safe place.

The parent granting the power of attorney can withdraw (revoke) that power at any time, even before the expiration date on the power of attorney. It is best that the withdrawal be in writing. A form called *Revocation of Power of Attorney* is attached. If you are a parent withdrawing the power, be sure to fill out the revocation form and deliver it to the person to whom you granted the power. The withdrawal is effective immediately upon delivery.

STATE OF ARIZONA)
) ss
County of Coconino)

1. I am the natural parent of:

to assume power of attorney over my minor children, in accordance with the provisions of Arizona Revised Statutes, Section 14-5104, which states as follows:

3. I further appoint _____
(person authorized)
as my true and lawful attorney for the purpose of performing the following
responsibilities over my child(ren) listed above (check one box):

4. This Power of Attorney will begin on _____
(date)
and expire on _____, unless I revoke it earlier.
(date not more than six months later)

5. I have given this consent of my own free will.

Witness signature

Signature of parent granting power of
attorney

State of Arizona)
)
County of _____)

Subscribed and sworn or affirmed before me this date: _____
by: _____.

Seal:

Notary Public: _____
Notary Expiration Date: _____

REVOCATION OF POWER OF ATTORNEY

I, _____, hereby revoke (withdraw) the power of attorney over
my minor child(ren) I granted to _____ on the following date:
. That power of attorney is now null and void.

Today's date:

Signature of parent who granted original power